



**Los Angeles County - Department of Health Services**  
**My Health LA (MHLA) Program – Eligibility Review Unit**

**Income Verification Form (IVF)**

**FAQ's**



1.	<b>What do we select on the drop down menu when uploading the IVF?</b>
	You can upload the IVF by selecting <u>Self Affidavit of Income</u> from the dropdown menu on One-e-App.
2.	<b>Do you discourage the use of the affidavit for income verification unless it is from a homeless applicant?</b>
	The IVF is only to provide you with another means of verifying income for applicants paid in cash or by check when there are no deductions. You should continue to use the MHLA Affidavit for the homeless population that is unable to provide any other means of verifying how they are meeting their needs. The MHLA policy surrounding other income verification remains the same.
3.	<b>If the applicant is a day laborer who works for a different employer for each day of the month, how would we input the income into One-e-App?</b>
	The IVF covers a complete month starting with the first day (1st) and continuing to the last day of the month (31st). The applicant would enter their gross amount earned, hours worked, employer's name, address, and providing employer's signature (if required). The enroller would then add up the daily gross amounts earned for the entire month and input the total as the gross amount into One-e-App and select "monthly" as the frequency of pay.  Attachment # 1

Los Angeles County - Department of Health Services  
My Health LA (MHLA) Program – Eligibility Review Unit  
Income Verification Form (IVF)  
FAQ's

4.	<b>Should self-employed applicants use the IVF?</b>
	<p>There are two definitions of self-employed according to the IVF:</p> <ol style="list-style-type: none"> <li>1) Applicants who answered yes to one or more of the questions in section #1 of the IVF are considered self-employed and must comply with the income calculation guidelines by providing a current copy of their Income Taxes (1040 &amp; Schedule C) or their Profit and Loss Statement as verification of their income. They <u>cannot use the IVF</u> as verification of their income.</li> <li>2) Applicants declaring themselves as self-employed as defined in section #3 (Self-employed/Paid cash or by check with no deductions withheld from their pay) <u>can use the IVF</u> as verification of their income.</li> </ol>
5.	<b>If an applicant is paid the same amount daily such as \$200 per day, can the applicant input \$200 for the first pay date and draw a line downwards to show that the exact same amount is paid each day?</b>
	<p>No. For each day that the applicant was paid, it is recommended that they accurately record their income by entering their gross amount earned, <u>hours worked</u>, employer's name, address, and providing employer's signature (if required). See question # 13 on how to record non-working days. Attachment #1</p>

Los Angeles County - Department of Health Services  
My Health LA (MHLA) Program – Eligibility Review Unit  
Income Verification Form (IVF)  
FAQ's

6.	<b>If the applicant is paid weekly, should hours worked for each day of the week be inputted on the IVF?</b>
	Yes. They would enter the hours worked, employer's name, and address for <u>each day that they worked</u> . They would enter the gross amount earned and provide the employer's signature (if required) only for the days that they were paid. (e.g. If the applicant worked from Monday, August 1, 2018 to Friday, August 5, 2018 and was paid on Friday, they would enter the hours worked for each day and enter the gross amount earned for Friday, August 5th. Attachment # 2
7.	<b>If the applicant reports being paid weekly with fluctuating income on the IVF, how would we input the income into One-e-App?</b>
	<ol style="list-style-type: none"> <li>1. Add up the weekly gross income amounts to get the total gross income.</li> <li>2. Divide the total gross income by the number of pay periods to get the average gross income amount.</li> <li>3. Enter the average income amount into One-e-App.</li> <li>4. Select "weekly" as the frequency of pay.</li> <li>5. One-e-App will automatically multiply the gross amount by 4.33 to get the countable gross earnings for the month.</li> </ol> <p>Attachment # 3</p>

Los Angeles County - Department of Health Services  
My Health LA (MHLA) Program – Eligibility Review Unit  
Income Verification Form (IVF)  
FAQ's

8.	<b>If an applicant is paid weekly or biweekly and the income fluctuates, can we write down the calculations by adding up the weekly or biweekly income and dividing the total by the number of pay periods on the IVF?</b>
	Yes, you can write down the calculations on the IVF. However, it is important that you enter the average calculated gross income amount into One-e-App and select the correct frequency of pay. Attachment # 3
9.	<b>If an applicant brings a written employer's statement showing that the applicant babysits and is paid in cash, would an IVF still be required?</b>
	No. If the employer's statement is thorough and complete, it can be used to process the MHLA application. However, if the employer's statement is incomplete, the applicant can use the IVF to document their earnings.
10.	<b>On the IVF, is Day 1 considered the first day that the applicant was paid or the 1<sup>st</sup> of the month?</b>
	It is considered the first day of the month. The IVF is designed for applicants to enter earnings starting with the first of the month through the last day of the month (e.g. first day would be February 1 <sup>st</sup> , and last day would be February 28 <sup>th</sup> ).
11.	<b>If the enroller assisted the applicant in completing the IVF because the applicant cannot read or write English, do we need an affidavit to report this?</b>
	The IVF will be available in Spanish. Until the IVF is available in Spanish, you can continue to have applicants complete an affidavit in their own words and primary language.

Los Angeles County - Department of Health Services  
My Health LA (MHLA) Program – Eligibility Review Unit  
Income Verification Form (IVF)  
FAQ's

12.	<b>Does the household member who is working and completing the IVF have to be present during the application process?</b>
	No. The applicant can take the IVF home and have the wage earner complete and sign the IVF. As a reminder, the income information provided to the MHLA program should be consistent with the information provided to other health care programs.
13.	<b>On the IVF, should the entries for non-paid/non-working days be left blank?</b>
	Yes. Applicants should only input information for the paid or working days. There are several ways an applicant can indicate the non-paid/non-working days. They can cross the non-paid/non-working days out with an "X", or they can leave them blank. ERU will assume that days left blank are non-paid/non-working days.
14.	<b>If the applicant has two or more employers, are separate IVF's needed for each employer?</b>
	<p>No. If the <u>frequency of pay is the same</u> for each employer and they <u>work on different days</u> (e.g. they work for employer A from the 1st through 15th and is paid weekly and work for employer B from the 16th through 30th and is paid weekly), they can record their earnings on the same IVF. Attachment # 4</p> <p>Yes. If the applicant <u>works for different employers and the frequency of pay differs</u>, the applicant would require two or more IVF's to properly record their earnings.</p>

Los Angeles County - Department of Health Services  
My Health LA (MHLA) Program – Eligibility Review Unit  
Income Verification Form (IVF)  
FAQ's

15.	If the employer's last name and full address are not known, can the applicant only input the employer's first name and city?
	Yes. However, applicants should be as thorough as possible when completing the IVF.
16.	Will you deny an application if the total for the month is not added up and inputted on the IVF?
	No. The fact that there is no grand total amount on the IVF is not a cause for denial of the MHLA application if all other information is complete. However, if the enroller fails to accurately enter the gross income amount into the One-e-App system, it could cause the MHLA application to be denied.
17.	If an applicant is paid for babysitting at the applicant's own home, would the employer's address be the applicant's home address or the address of the one paying for the babysitting?
	The applicant should input the address where the work is being performed. In this case, it would be the applicant's home address.
18.	In Section # 3, under "Completion Instructions," it states that an <u>employer signature</u> is necessary when the employer withholds taxes. Would a day laborer who receives a flat rate for the day rate require a signature?
	No. An <u>employer signature</u> is only required when deductions are taken from the employee's earnings.

Los Angeles County - Department of Health Services  
My Health LA (MHLA) Program – Eligibility Review Unit  
Income Verification Form (IVF)  
FAQ's

19.	Will this form be available in Spanish? Will it be available as a printable form on One-e-App?
	Yes. The Spanish version of the IVF will be available as a printable form on the One-e-App system.
20.	Does the CEC need to provide a signature anywhere?
	No. The enroller is only required to print their name in Section # 2 of the IVF.
21.	Since the IVF is to be implemented immediately, does the applicant need to postpone applying until this form is completed?
	No. For MHLA, income is required to be current within 45 days. Applicants can report the prior month's income as current income. Enrollers should always ask applicants if their income is the same as prior month's income.

	<p><b><u>Note:</u></b> The IVF has been revised to reflect the following changes:</p> <ol style="list-style-type: none"> <li>1. Section # 1 - questions 2 and 4 have been removed</li> <li>2. Section # 2 - "ENROLLEE" has been changed to "ENROLLER"</li> <li>3. Section # 2 - "PRIMARY INFORMANT" has been changed to "PRIMARY INFORMANT/APPLICANT"</li> <li>4. Section # 3 - "Type of transportation used" question has been removed.</li> <li>5. Section # 3 - "Commission" has been removed</li> </ol>
--	---

**Attachment # 1 Applicant Paid Daily**

Los Angeles County – Department of Health Services  
 My Health LA (MHLA) Program – Eligibility Review Unit  
 INCOME VERIFICATION FORM (IVF)

**Page 1 of 2****SECTION #1 CEC – COMPLETE THE FOLLOWING:**

If you answer "YES" to one or more of the following questions you are considered a self-employed individuals and are required to provide your 1040 and Schedule C or the profit and loss statement if you keep business records.

	<b>Yes</b>	<b>No</b>
Do you work for yourself? For example, you have a business in your name.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you file your taxes this year as self-employed for this job?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you work for someone who needs a new contract to hire you for a new job?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Section #2 CEC – COMPLETE THE FOLLOWING:**

**INCOME VERIFICATION FOR THE MONTH OF:** January **20** 19 **Date:** 02-09-19

COMMUNITY CLINIC: <b>Friendly Clinic</b>	ENROLLER: <b>Lucy Blue</b>	PRIMARY INFORMANT/APPLICANT: <b>Jack Beanstalk</b>	PID / APP ID: <b>1900201933301554</b>
---	-------------------------------	---	--

**Section #3 PARTICIPANT – COMPLETE THE FOLLOWING:**

The wage earner's employer must sign in the Employer's Signature section below if he/she works for someone who withholds deductions for taxes from their pay and is paid in cash or check.

☐ Self-Employed/Paid cash or by check ☒ Employed by other/ paid cash or by check (no withholdings)

I am paid: ☒ Daily ☐ Weekly ☐ Every Two Weeks ☐ Monthly ☐ Two Times a Month ☐ Other

Day	Gross Amount Earned	No. of Hours Worked	Full Name of Employer	Employer's Address	Employer's Signature (If paid in cash or check after withholdings)
1	50.00	8	Day Laborer	Commerce, CA	
2	60.00	8	Day Laborer	Commerce, CA	
3	50.00	8	Day Laborer	Commerce, CA	
4	60.00	8	Day Laborer	Commerce, CA	
5	X	X			
6	X	X			
7	80.00	8	Day Laborer	Commerce, CA	
8	70.00	8	Day Laborer	Commerce, CA	
9	60.00	8	Day Laborer	Commerce, CA	
10	50.00	8	Day Laborer	Commerce, CA	
11	80.00	8	Day Laborer	Commerce, CA	
12	X	X			
13	X	X			
14	70.00	8	Day Laborer	Commerce, CA	
15	70.00	8	Day Laborer	Commerce, CA	
16	60.00	8	Day Laborer	Commerce, CA	
17	50.00	8	Day Laborer	Commerce, CA	



**Attachment # 1 Applicant Paid Daily**

Los Angeles County – Department of Health Services  
My Health LA (MHLA) Program – Eligibility Review Unit  
INCOME VERIFICATION FORM (IVF)

**Page 2 of 2**

Day	Gross Amount Earned	No. of Hours Worked	Full Name of Employer	Employer's Address	Employer's Signature (If paid in cash or check after withholdings)
18	80.00	8	Day Laborer	Commerce, CA	
19	X	X			
20	X	X			
21	80.00	8	Day Laborer	Commerce, CA	
22	50.00	8	Day Laborer	Commerce, CA	
23	70.00	8	Day Laborer	Commerce, CA	
24	60.00	8	Day Laborer	Commerce, CA	
25	80.00	8	Day Laborer	Commerce, CA	
26	X	X			
27	X	X			
28	60.00	8	Day Laborer	Commerce, CA	
29	70.00	8	Day Laborer	Commerce, CA	
30	80.00	8	Day Laborer	Commerce, CA	
31	60.00	8	Day Laborer	Commerce, CA	
	<b>1,500.00</b>	<b>184</b>	<b>TOTALS</b>		

I, Jack Beanstalk, HEREBY CERTIFY THAT THE  
STATEMENT ABOVE IS A

TRUE RECORD OF MY EARNINGS, DURING THE MONTH OF January 2019

SIGNATURE: Jack Beanstalk

**NOTE: then input the total as the gross amount on One-e-App and select “monthly” as the frequency.**

**Attachment # 2 Applicant Paid Weekly – Stable Income**

Los Angeles County – Department of Health Services  
 My Health LA (MHLA) Program – Eligibility Review Unit  
 INCOME VERIFICATION FORM (IVF)

Page 1 of 2

**SECTION #1 CEC – COMPLETE THE FOLLOWING:**

If you answer "YES" to one or more of the following questions you are considered a self-employed individuals and are required to provide your 1040 and Schedule C or the profit and loss statement if you keep business records.

	<b>Yes</b>	<b>No</b>
Do you work for yourself? For example, you have a business in your name.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you file your taxes this year as self-employed for this job?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you work for someone who needs a new contract to hire you for a new job?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Section #2 CEC – COMPLETE THE FOLLOWING:**

FOR THE MONTH OF: January 20 19 Date: 02-10-19

COMMUNITY CLINIC: <b>Friendly Clinic</b>	ENROLLER: <b>Lance Green</b>	PRIMARY INFORMANT/APPLICANT: <b>Roger Rabbit</b>	PID / APP ID: <b>1900201933301554</b>
---	---------------------------------	---	--

**Section #3 PARTICIPANT – COMPLETE THE FOLLOWING:**

The wage earner's employer must sign in the Employer's Signature section below if he/she works for someone who withholds deductions for taxes from their pay and is paid in cash or check.

☐ Self-Employed/Paid cash or by check ☒ Employed by other/ paid cash or by check (no withholdings)

I am paid: ☐ Daily ☒ Weekly ☐ Every Two Weeks ☐ Monthly ☐ Two Times a Month ☐ Other

Day	Gross Amount Earned	No. of Hours Worked	Full Name of Employer	Employer's Address	Employer's Signature (If paid in cash or check after withholdings)
1		8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
2		8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
3		8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
4	350.00	8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
5	X	X			
6	X	X			
7		8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
8		8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
9		8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
10		8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
11	350.00	8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
12	X	X			
13	X	X			
14		8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
15		8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
16		8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
17		8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
18	350.00	8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	

**Attachment # 2 Applicant Paid Weekly – Stable Income**

Los Angeles County – Department of Health Services  
My Health LA (MHLA) Program – Eligibility Review Unit  
INCOME VERIFICATION FORM (IVF)

**Page 2 of 2**

Day	Gross Amount Earned	No. of Hours Worked	Full Name of Employer	Employer's Address	Employer's Signature (If paid in cash or check after withholdings)
19	X	X			
20	X	X			
21		8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
22		8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
23		8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
24		8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
25	350.00	8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
26	X	X			
27	X	X			
28		8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
29		8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
30		8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
31		8	Fuzzy Bear	1354 Floral Dr. , Monterey Park, 91754	
	1,400.00	184	TOTALS		

I, Roger Rabbit, HEREBY CERTIFY THAT THE  
STATEMENT ABOVE IS A

TRUE RECORD OF MY EARNINGS, DURING THE MONTH OF January 2019

SIGNATURE: Roger Rabbit

**NOTE: The gross weekly amount (\$350 non-fluctuating income) should be entered into One-e-App. One-e-App will automatically multiply by 4.33.**

**Attachment # 3 Applicant Paid Weekly – Fluctuating Income**

Los Angeles County – Department of Health Services  
My Health LA (MHLA) Program – Eligibility Review Unit  
INCOME VERIFICATION FORM (IVF)

Page 1 of 2

**SECTION #1 CEC – COMPLETE THE FOLLOWING:**

If you answer "YES" to one or more of the following questions you are considered a self-employed individuals and are required to provide your 1040 and Schedule C or the profit and loss statement if you keep business records.

	<b>Yes</b>	<b>No</b>
Do you work for yourself? For example, you have a business in your name.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you file your taxes this year as self-employed for this job?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you work for someone who needs a new contract to hire you for a new job?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Section #2 CEC – COMPLETE THE FOLLOWING:**

INCOME VERIFICATION FOR THE MONTH OF: January 20 19 Date: 02-05-19

COMMUNITY CLINIC: <b>Friendly Clinic</b>	ENROLLER: <b>John Red</b>	PRIMARY INFORMANT/APPLICANT: <b>Daffy Duck</b>	PID / APP ID: <b>1900201933301554</b>
---	------------------------------	---	--

**Section #3 PARTICIPANT – COMPLETE THE FOLLOWING:**

The wage earner's employer must sign in the Employer's Signature section below if he/she works for someone who withholds deductions for taxes from their pay and is paid in cash or check.

☐ Self-Employed/Paid cash or by check ☒ Employed by other/ paid cash or by check (no withholdings)

I am paid: ☐ Daily ☒ Weekly ☐ Every Two Weeks ☐ Monthly ☐ Two Times a Month ☐ Other

Day	Gross Amount Earned	No. of Hours Worked	Full Name of Employer	Employer's Address	Employer's Signature (If paid in cash or check after withholdings)
1		8	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
2		8	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
3	440.00	8	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
4		6	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
5	X	X			
6	X	X			
7		5	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
8		7	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
9		6	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
10	330.00	6	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
11		8	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
12	X	X			
13	X	X			
14		7	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
15		7	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
16		7	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
17	385.00	6	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	

**Attachment # 3 Applicant Paid Weekly – Fluctuating Income**

Los Angeles County – Department of Health Services  
 My Health LA (MHLA) Program – Eligibility Review Unit  
 INCOME VERIFICATION FORM (IVF)

Page 2 of 2

Day	Gross Amount Earned	No. of Hours Worked	Full Name of Employer	Employer's Address	Employer's Signature (If paid in cash or check after withholdings)
18		6	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
19	X	X			
20	X	X			
21		5	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
22		5	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
23		4	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
24	275.00	5	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
25		8	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
26	X	X			
27	X	X			
28		8	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
29		8	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
30		8	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
31	440.00	8	Bugs Bunny	1200 Fremont Ave., Alhambra, CA 91803	
	<b>1,870.00</b>	<b>154</b>	<b>TOTALS</b>		

I, Daffy Duck, HEREBY CERTIFY THAT THE  
**STATEMENT ABOVE IS A**

**TRUE RECORD OF MY EARNINGS, DURING THE MONTH OF** January 20 19

**SIGNATURE:** Daffy Duck

**NOTE:**

\$440

\$330

\$385

\$275

+\$440**\$1,870 ÷ 5 = \$374**

(Divide total by the # of pay periods)

This amount would be entered  
 into One-e-App. One-e-App will  
 automatically multiply by 4.33.

**Attachment # 4 Applicant Paid Weekly – Two Employers**

Los Angeles County – Department of Health Services  
 My Health LA (MHLA) Program – Eligibility Review Unit  
 INCOME VERIFICATION FORM (IVF)

Page 1 of 2

**SECTION #1 CEC – COMPLETE THE FOLLOWING:**

If you answer "YES" to one or more of the following questions you are considered a self-employed individuals and are required to provide your 1040 and Schedule C or the profit and loss statement if you keep business records.

	<b>Yes</b>	<b>No</b>
Do you work for yourself? For example, you have a business in your name.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you file your taxes this year as self-employed for this job?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you work for someone who needs a new contract to hire you for a new job?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Section #2 CEC – COMPLETE THE FOLLOWING:**

INCOME VERIFICATION FOR THE MONTH OF: January 2019 Date: 02-12-19

COMMUNITY CLINIC:  
**Friendly Clinic**

ENROLLER:  
**Mary White**

PRIMARY INFORMANT/APPLICANT:  
**Joe Cool**

PID / APP ID:  
**1900201933301554**

**Section #3 PARTICIPANT – COMPLETE THE FOLLOWING:**

The wage earner's employer must sign in the Employer's Signature section below if he/she works for someone who withholds deductions for taxes from their pay and is paid in cash or check.

☐ Self-Employed/Paid cash or by check ☒ Employed by other/ paid cash or by check (no withholdings)

I am paid: ☐ Daily ☒ Weekly ☐ Every Two Weeks ☐ Monthly ☐ Two Times a Month ☐ Other

Day	Gross Amount Earned	No. of Hours Worked	Full Name of Employer	Employer's Address	Employer's Signature (If paid in cash or check after withholdings)
1	X	X			
2		8	Charlie Brown	123 Elm St., Los Angeles 91001	
3		8	Charlie Brown	123 Elm St., Los Angeles 91001	
4		8	Charlie Brown	123 Elm St., Los Angeles 91001	
5	X	X			
6	X	X			
7		8	Charlie Brown	123 Elm St., Los Angeles 91001	
8	300.00	8	Charlie Brown	123 Elm St., Los Angeles 91001	
9		8	Charlie Brown	123 Elm St., Los Angeles 91001	
10		8	Charlie Brown	123 Elm St., Los Angeles 91001	
11		8	Charlie Brown	123 Elm St., Los Angeles 91001	
12	X	X			
13	X	X			
14		8	Charlie Brown	123 Elm St., Los Angeles 91001	
15	300.00	8	Charlie Brown	123 Elm St., Los Angeles 91001	
16		8	Mary Poppins	999 Main St., Long Beach 90806	
17		8	Mary Poppins	999 Main St., Long Beach 90806	
18		8	Mary Poppins	999 Main St., Long Beach 90806	

**Attachment # 4    Applicant Paid Weekly – Two Employers**

Los Angeles County – Department of Health Services  
 My Health LA (MHLA) Program – Eligibility Review Unit  
 INCOME VERIFICATION FORM (IVF)

Page 2 of 2

Day	Gross Amount Earned	No. of Hours Worked	Full Name of Employer	Employer's Address	Employer's Signature (If paid in cash or check after withholdings)
19	X	X			
20	X	X			
21		8	Mary Poppins	999 Main St., Long Beach 90806	
22	240.00	8	Mary Poppins	999 Main St., Long Beach 90806	
23		8	Mary Poppins	999 Main St., Long Beach 90806	
24		8	Mary Poppins	999 Main St., Long Beach 90806	
25		8	Mary Poppins	999 Main St., Long Beach 90806	
26	X	X			
27	X	X			
28		8	Mary Poppins	999 Main St., Long Beach 90806	
29	240.00	8	Mary Poppins	999 Main St., Long Beach 90806	
30	X	X			
31	X	X			
	1,080.00	160	TOTALS		

I, Joe Cool, HEREBY CERTIFY THAT THE  
 STATEMENT ABOVE IS A

TRUE RECORD OF MY EARNINGS, DURING THE MONTH OF January 2019

SIGNATURE: Joe Cool

**NOTE:**

\$300

\$300

\$240

+\$240

**\$1,080 ÷ 4 = \$270**  
 (Divide total by the # of pay periods)

This amount would be entered  
 into One-e-App. One-e-App will  
 automatically multiply by 4.33.